

# MONTHLY TUTOR REPORT\*\*

\*\*Please fill out a separate form for each learner\*\*

Due on your last  
session of the month

Month \_\_\_\_\_

Tutor's First Name, Last Initial \_\_\_\_\_

Learner's First Name, Last Initial \_\_\_\_\_

## Directions:

1. List all planned session dates for the month, even if the session was not completed
2. Report hours to the nearest quarter hour (Example: 1, 1.25, 1.5, or 1.75)

DATE	Tutoring Session: HOURS	Lesson Prep: HOURS	Travel Time: HOURS	Was the session completed? Please circle yes or no	Brief reason if <i>not</i> completed
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
/ /09				YES <input type="checkbox"/> No <input type="checkbox"/>	
Monthly Totals:					

Did the learner meet any goals this month? YES ☐ NO ☐

If yes, which one(s)?

---

---

New goals, comments, problems, or schedule changes:

---

---

---

---

Materials or resources you need:

\*\*Please see a staff member if a tutor or learner has changed an address or phone number

Carlsbad Library Learning Center.....Literacy Services.....3368 Eureka Place.....Carlsbad, CA 92008  
Phone: (760) 931-4510.....Fax: (760) 729-8335